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Revision:	

MILWAUKEE COUNTY EMS PRACTICAL SKILL CARDIOPULMONARY PESSISCITATION

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Signature:
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continue compressions & ventillation

RESUSCITATION				
Purpose:			Indications:	
To attempt to establish return of spontaneous circulation and respiration		Patient is in cardiorespiratory arrest.		
in a patient in cardiorespiratory arrest.				
Advantages:	Disadvantages:	Complications:	Contraindications:	
Provides circulation and respiration	None	Possible chest	Patient has pulse and respiration	
during cardiorespiratory arrest		trauma	Patient meets any of the following criteria:	
			valid DNR order, decapitation, rigor mortis,	
			extreme dependent lividity, tissue decomposition	
		Establish		
unresponsiveness				
		en the airway;		
	Che	eck breathing		
			26.4	
Is patient breathing? Refer to appropriate protocol				
	`	\ <u>'</u>		
		No ▼		
		seconds each), ensuring of for exhalation between br		
		+	Oddio	
Check for carotid pulse and other signs of circulation				
	Other 5	Igns of circulation ▼		
	1	Any signs of	Refer to appropriate	
circulation? Yes Protocol				
Initiate compressions and ventilation				
at age appropriate rate and depth				
₩		—	•	
Infant: 0 < 1 year	Chile	d: ≥1 < 8 years	Adult: ≥ 8 years	
Diggs 2 fingers 1 finger below n	nnla Diago he	eel of one hand on	Place heel of both hands on	
Place 2 fingers, 1 finger below ni line on lower 1/2 of the sternu		dle of sternum	lower 1/2 of sternum	
<u> </u>		+		
Compress at rate of 100+ beats per to depth of 1/2 to 1 inch.		te of 100 beats per minute of 1 to 1 1/2 inches.	Compress at rate of 100 beats per minute to depth of 1 1/2 to 2 inches.	
Allow chest to fully recoil after	p .	o fully recoil after each	Allow chest to fully recoil after each	
compression.	co	ompression.	compression.	
▼ Intubate		▼ Intubate		
		─	ET tube or Combitube in place2	
Ventilate at compression:ventilation		Ventilate at ession:ventilation	No Vinbitude III place. Yes	
ratio of 5:1 (~20 breaths/min)		1 (~20 breaths/min)	Ventilate at Ventilate at	
V			ompression: ventilation ratio compression: ventilation ratio	
Check for signs of ROSC; if none, continue		or signs of ROSC; one, continue	of 15:2 (~12 breaths/min) of 8:1 (~12 breaths/min)	
compressions & ventillation		sions & ventillation	Check for signs of ROSC; if none,	
L			Check for signs of ROSC, if none,	

NOTES:

- Use of a barrier device to provide mouth-to-mouth ventilation is **strongly recommended** to prevent direct contact with secretions, reducing the risk of significant exposure.
- The rescuer performing chest compressions should switch at least every 5 minutes.
- Once intubated, ventilations should be 1 second in duration. If not intubated, ventilations should be 2 seconds in duration.